

**FSA-201, UNIFORM  
SUPPORT PETITION  
(FRONT)**

UNIFORM SUPPORT PETITION								
Petitioner	IV-D Case:	<input type="checkbox"/> TANF <input type="checkbox"/> IV-E Foster Care <input type="checkbox"/> Medicaid Only <input type="checkbox"/> Former Assistance <input type="checkbox"/> Never Assistance						
Respondent	Non-IV-D Case:	<input type="checkbox"/>						
		File Stamp						
<div style="display: flex; justify-content: space-between;"> <span>Responding IV-D Case No. _____</span> <span>Initiating IV-D Case No. _____</span> </div> <div style="display: flex; justify-content: space-between;"> <span>Responding Tribunal No. _____</span> <span>Initiating Tribunal No. _____</span> </div>								
<p><b>I. Action</b></p> <p>The Respondent and/or the Respondent's property is subject to the jurisdiction of the responding tribunal.          The Respondent owes a duty of support to the following child(ren):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 40%;">Full Name (First, Middle, Last)</td> <td style="width: 20%;">Date of Birth</td> <td style="width: 40%;">Social Security No.</td> </tr> <tr> <td style="height: 40px;"></td> <td></td> <td></td> </tr> </table>			Full Name (First, Middle, Last)	Date of Birth	Social Security No.			
Full Name (First, Middle, Last)	Date of Birth	Social Security No.						
<p>The Petitioner files this Petition to request:</p> <div style="margin-left: 20px;"> <input type="checkbox"/> Establishment of a Paternity         </div> <div style="margin-left: 20px;"> <input type="checkbox"/> Establishment of Order for:         </div> <div style="margin-left: 40px; display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Child Support  <input type="checkbox"/> Spousal Support  <input type="checkbox"/> Support for a Prior Period; From: _____ To: _____  <input type="checkbox"/> Genetic Testing Costs in the Amount of \$ _____         </div> <div> <input type="checkbox"/> Medical Coverage  <input type="checkbox"/> Reasonable Attorney Fees, Other Fees and Costs         </div> </div> <div style="margin-left: 20px;"> <input type="checkbox"/> Modification of a Support Order  <input type="checkbox"/> Other Remedy Sought: _____         </div>								
<p><b>II. Grounds Supporting the Remedy Sought in Section I (when applicable)</b></p> <div style="margin-left: 20px;"> <input type="checkbox"/> Respondent is the noncustodial parent of the child(ren) named in this Petition.  <input type="checkbox"/> A modification is appropriate due to a change in circumstances.  <input type="checkbox"/> Grounds for other remedy sought: _____         </div>								
<div style="display: flex; justify-content: space-between; font-size: small;"> <span>Uniform Support Petition FSA-201 (Rev. 2-01) Previous edition may be used.</span> <span>OMB No. 0970 - 0085</span> <span>Page 1 of 2</span> </div>								

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(BACK)****UNIFORM SUPPORT PETITION, PAGE 2**

Initiating IV-D Case No. \_\_\_\_\_

**III. Additional Support Information**

The following documents are attached to, and incorporated in, this Petition. These documents contain the required additional information.

☐ Petitioner's General Testimony☐ Affidavit in Support of Establishing Paternity☐ Acknowledgment of Paternity☐ Birth Certificate of the Child☐ Other: \_\_\_\_\_  
\_\_\_\_\_**IV. Verification**☐ Under penalty of perjury, all information and facts stated in this Petition are true to the best of my knowledge and belief.\_\_\_\_\_  
Date ☐ Signature of Petitioner ☐ IV-D Representative/Title\_\_\_\_\_  
Sworn to and Signed Before Me This Date, County/State Notary Public, Court/Agency Official and Title\_\_\_\_\_  
Commission Expires\_\_\_\_\_  
Date Signature of Petitioner's Attorney / Bar Number (if applicable)